



4105 MASON RIDGE DRIVE, ANNANDALE, VA 22003 | PHONE: (703) 941-4083
HELLO@WINFIELDMOUNT.COM | WWW.WINFIELDMOUNT.COM

REFERENCE FORM

Date: _____

To: _____

Tel: _____

Fax: _____

Email: _____

The person listed below has applied to Winfield Mount Health Services for employment. This applicant submitted your name as a former employer for reference purposes. We would appreciate your cooperation in replying to the questions listed below. Please be assured that your response will be kept in the strict confidence.

Thank you in advance for your courtesy.

Winfield Mount Health Services' Representative

Signature of Applicant

Applicant's name: _____ SSN _____

Position held: _____

Employment date: (from) _____ (to) _____

Reason for leaving: (check one)

____ Applicant Resigned ____ Applicant was a temporary employee ____ Applicant was terminated

Did person give proper notice? Yes No

If no, please explain: _____

Would you rehire? _____

WMHS-08/1



WINFIELD MOUNT
HEALTH SERVICES, INC.

YOUR HOME AWAY FROM HOME

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<i>PERSONAL EVALUTATION</i>	<i>ABOVE AVERAGE</i>	<i>SATISFACTORY</i>	<i>NEEDS IMPROVEMENT</i>	<i>POOR</i>
<i>Quantity of work</i>				
<i>Interest and Enthusiasm</i>				
<i>Oral Communication Skills</i>				
<i>Adaptability to Change</i>				
<i>Ability to Handle Stress</i>				
<i>Willingness and Ability to Float</i>				
<i>Punctuality</i>				
<i>Personal Appearance</i>				
<i>Attendance</i>				
<i>Dependability</i>				
<i>Completeness of Assignment</i>				
<i>Written Communication Skills</i>				
<i>Interaction with Management</i>				
<i>Interaction with co-workers</i>				
<i>Interaction with consumers</i>				
<i>Productivity</i>				
<i>Work Quality</i>				
<i>Job Knowledge</i>				
<i>Initiative</i>				

Comments

Signature:

Title:

Date:
